

FEB 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BrownRegistration District No. 73

Township

Primary Registration District No. 3006City Columbia

(No.)

St.

Ward)

2. FULL NAME Levy B. Deaton(a) Residence, No. 429 Melbourne St., 4 Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Deaton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

801016

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Levy B. Deaton

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Williamson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Fannie Deaton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 1-5 193719. UNDERTAKER (ADDRESS) Parker & Co.20. FILED 1/5/1937Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-193722. I HEREBY CERTIFY, That I attended deceased from 9-9-1936 to 1-4-1937I last saw him alive on 1-4-1937. Death is saidto have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

Bright's Disease & Chronic

Other contributory causes of importance:

Intestinal FliesName of operation None Date of NoneWhat test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 1937Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. P. Dr. Smith M. D.(Address) Columbia, Mo.

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File No.

Registered No. 3

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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